

Please fill in this claim form and send it back to us as soon as you can. We can only consider paying benefit from the day we receive it.



Before you fill in this form, read page 3 of the notes booklet that came with this form.

## About you

Please tell us your personal details. **If you are filling in this form for someone else, tell us about them, not you.**

1 Surname or family name

All other names in full

Title

For example, Mr, Mrs, Miss, Ms

2 National Insurance number

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>

3 Date of birth (day/month/year)

 /  / 

4 Sex

 Male  Female

5 Address where you live

  
  
Postcode 

6 Daytime phone number where we can contact you or leave a message.

Phone number, including the dialling code

If you have speech or hearing difficulties and want us to contact you by textphone, please tick this box.

Textphone number

7 What is your nationality?

For example, British, Spanish, Turkish

## About you (continued)

8 Do you normally live in Northern Ireland?



For more information please read page 7 of the **notes**.

Yes  Please continue below.

No  Go to question 9.

9 Have you been abroad for more than a total of 13 weeks in the last 52 weeks? Abroad means out of Northern Ireland.

Yes  Please continue below.

No  Go to question 10.

Please tell us when you went abroad.

From  /  /

To  /  /

Tell us where you went.

Tell us why you went.

  

If you have been abroad more than once in the last 52 weeks, please tell us the dates you went, where you went and why you went at question 61 **Extra information**.

10 What type of accommodation do you live in?

For example, you may live in a house, bungalow, flat, supported housing, residential care home, nursing home, residential school or somewhere else.

11 Where is there a toilet in your home?

Upstairs  Downstairs  Other

Tell us where.

Where do you sleep in your home?

Upstairs  Downstairs  Other

Tell us where.

# Signing the form for someone else

## 12 Signing the form for someone else

You can fill in this form for another adult, but they must still sign it themselves unless **one or more of the following apply**. Please tick all the relevant boxes.

- I hold a power of attorney to receive and deal with their benefits from social security, or
- I act as a deputy for them, appointed by the Court of Protection.

**Send us the relevant document (or certified copy) with this claim form and sign the declaration on their behalf.** Copies must be certified and signed as being true and complete by the person this form is about, a solicitor or a stockbroker.

- I am an appointee, appointed by the Department for Social Development (DSD), to receive and deal with their benefits and their letters from social security.

**We will send all letters about Disability Living Allowance to you.**

- They cannot manage their affairs due to a mental-health problem or learning disability.

**We will contact you about this.** If the customer cannot manage their affairs, the DSD may appoint you to get their benefits and to deal with letters from social security.

- They are so ill or disabled they find it impossible to sign for themselves.

**We will contact you about this.**

- I am claiming for them under the special rules.

**i** You **must** read the **notes about special rules** on page 8 of the **notes**. Then decide if you should tick this box.

**If the person does not know you are signing this form for them, tell us why.**

Your name

National Insurance number

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth  
(day/month/year)

 /  / 

Your address

<input type="text"/>									
<input type="text"/>									
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime phone number,  
including the dialling code

# About your illnesses or disabilities and the treatment or help you receive

**13** Please list separately details of your illnesses or disabilities in the table below.

By illnesses or disabilities we mean physical, sight, hearing or speech difficulty or mental-health problems.

**If you have a spare up-to-date printed prescription list**, please send it in with this form. If you send in your prescription list you do not need to tell us about your medicines and dosage in the table below.

By treatments we mean things like physiotherapy, speech therapy, occupational therapy or visiting a day-care centre or a mental-health professional for counselling or other treatments.

You can find the dosage on the label of your medicine.

Name of illness or disability	How long have you had this illness or disability?	What medicines or treatments (or both) have you been prescribed for this illness or disability?	What is the dosage and how often do you take each of the medicines or receive treatment?
<b>Example</b> Eye problem - Glaucoma	About 14 months	Eye drops	Twice a day
<b>Example</b> Kidney failure	About a year	Dialysis	Two times a week
<b>Example</b> Learning difficulties	17 years	None	None

If you need more space to tell us about your illnesses or disabilities, please continue at question 61 **Extra information**.

# About your illnesses or disabilities and the treatment or help you receive (continued)

**14** Apart from your GP, in the last 12 months have you seen anyone about your illnesses or disabilities?

For example, a hospital doctor or consultant, district or specialist nurse, community psychiatric nurse, occupational therapist, physiotherapist, audiologist or social worker.

Yes  Please continue below.

No  Go to question 15.

**Their name**  
(Mr, Mrs, Miss, Ms, Dr)

**Their profession or specialist area**

**The address where you have seen them**  
For example, the address of the health centre or hospital

Postcode							

**Their phone number,**  
including the dialling code

**Your hospital record number**  
You can find this on your appointment card or letter.

**Which of your illnesses or disabilities have you seen them about?**


**How often do you usually see them because of your illnesses or disabilities?**

**When did you last see them because of your illnesses or disabilities?**

	/		/	
--	---	--	---	--

If you have seen more than one professional, please tell us their contact details, what they treat you for and when you last saw them at question 61 **Extra information.**

# About your illnesses or disabilities and the treatment or help you receive (continued)

**15** Does anyone help you because of your illnesses or disabilities?  
For example, a carer, support worker, friend, neighbour or family member.

Yes  Please continue below.

No  Go to question 16.

**Their name**

**Their address**   
  
Postcode

**Their phone number,**  
including the dialling code

**What help do you get from them?**

**Their relationship to you**

**How often do you see them?**

If more than one person helps you, please tell us their name and how they help you at question 61 **Extra information.**

**16** About your GP

The GP only gives details of medical fact, they don't decide if you can get Disability Living Allowance.

**Their name**   
If you do not know your GP's name, please give the name of the surgery or health centre.

**Their address**   
  
Postcode

**Their phone number,**  
including the dialling code

**When did you last see them because of your illnesses or disabilities?**  /  /

# About your illnesses or disabilities and the treatment or help you receive (continued)

## 17 Consent

We may want to contact your GP, or the people or organisations involved with you, for information about your claim. This may include medical information. You do not have to agree to us contacting these people or organisations, but if you don't agree, we may be unable to make sure you are entitled to the benefit you are claiming.

The Department for Social Development, or any health care professional approved by the Department, may ask any person or organisation to give them or us any information, including medical information, which we need to deal with:

- this claim for benefit, or
- any appeal or other request to reconsider a decision about this claim.

**Please tick one of the consent options then sign and date below.**

I agree to you contacting the people or organisations described in the statement above.

I do not agree to you contacting the people or organisations described in the statement above.

**Signature**

**Date**

**Please make sure you also sign and date the declaration at question 62.**

# About your illnesses or disabilities and the treatment or help you receive (continued)

## 18 Special rules

**i** You **must** read page 8 of the **notes** about special rules before you complete this question.

The special rules are for people who have a progressive disease and are not expected to live longer than another six months.

**If you are not claiming under the special rules, please go to question 19.**

**If you are claiming under the special rules, tick this box.**

If you have any walking difficulties, please make sure you answer questions 23 to 34 **Getting around outdoors.**

If you are claiming under special rules, you do not need to answer questions 35 to 54 **Help with your care needs.**

Please answer **all** the questions on this form that apply to you, or the person you are claiming for.

Please send this form to us with a DS1500 report. You can get the report from your doctor or specialist.

If you have not got your DS1500 report by the time you have filled in the claim form, send the claim form straight away. If you wait, you could lose money.

Please send the DS1500 report when you can.

Make sure you sign the **consent** question 17 and the **declaration** question 62.

## 19 Do you have any reports about your illnesses or disabilities?

These may be from a person who treats you, for example an occupational therapist, hospital doctor or counsellor. It may be an assessment report, a care plan, a certificate of vision impairment or something like this.

**i** For more information please read page 9 of the **notes**.

**Yes**  Please tick the boxes that apply and send us a copy with this claim form or as soon as you can.

**No**  Go to question 20.

Assessment Report  Certificate of Vision Impairment

Care Plan  Hospital Report

Other, please tell us what.

# About your illnesses or disabilities and the treatment or help you receive (continued)

**20** Are you on a waiting list for surgery?

Yes  Please tell us about this in the table below.

No  Go to question 21.

The date you were put on the waiting list	What surgery are you going to have?	When is the surgery planned for, if you know this?
<b>Example</b> 1 December 2010	Operation to replace my right hip	1 June 2011

**21** Have you had any tests for your illnesses or disabilities?

For example, a peak flow, a treadmill exercise, a hearing or sight test or something else.

Yes  Tell us about these in the table below.

No  Go to question 22.

Date and type of test	Results
<b>Example</b> February 2011 treadmill test	Four minutes (stage 2)
<b>Example</b> January 2011 eyesight test	Referral to hospital doctor needed.

# About your illnesses or disabilities and the treatment or help you receive (continued)

22

Please list the aids and adaptations you use.

Put a tick in the second box against those that have been prescribed by a health care professional, for example an occupational therapist.

If you have difficulty using any aids or adaptations or you need help from another person to use them, tell us in the table below.

**i** For more information please read page 9 of the **notes**.

Aids and adaptations		How does this help you?	What difficulty do you have using this aid or adaptation?
Example Hoist	✓	Helps me get out of bed	None

If you need more space to tell us about your aids or adaptations, please continue at question 61 **Extra information**.

# Getting around outdoors

This is about your ability to walk outdoors on a reasonably flat surface. We cannot take account of any problems you may have walking on steps or uneven ground.

**i** For more information please read pages 6 and 10 of the notes.

**23** Do you have physical problems that restrict your walking?

Yes  Go to question 24.      No  Go to question 31.

It is important you give us a clear picture of your walking ability. If you are not sure how far you can walk or how long it takes you, it may be useful to measure this so you can give accurate information. By severe discomfort, we mean things like shortness of breath, pain, extreme tiredness, or muscle spasms.

**24** How far can you normally walk (including any short stops) before you feel severe discomfort?

metres

or

yards

**25** How many minutes can you walk before you feel severe discomfort?

minutes

**26** Please tick the box that best describes your walking speed.

**Normal**  more than 60 metres (66 yards) a minute

**Slow**  40 to 60 metres (44 to 66 yards) a minute

**Very slow**  less than 40 metres (44 yards) a minute

If none of these boxes describes your walking speed, tell us in your own words about your walking speed.


## Getting around outdoors (continued)

**27** Please tick the box that best describes the way you walk.

**Normal**

**Reasonable**

For example, you walk with a slight limp.

**Poor**

For example, you shuffle, or walk with a heavy limp, or a stiff leg or have problems with balance.

**Extremely poor**

For example, you drag your leg, stagger or need physical support.

If none of these boxes describes the way you walk, tell us in your own words about the way you walk.


**28** Do you need physical support from another person to help you walk?

**Yes**  Please tick the boxes that apply to you.

**No**  Go to question 29.

I cannot walk without physical support.

I would fall without physical support.

I would injure myself without physical support.

If none of these boxes describes the help you need, tell us why you need physical support in the box below.


## Getting around outdoors (continued)

29 How many days a week do you have difficulty walking?

days

30 Do you fall or stumble when walking outdoors?

For example, you may fall or stumble because of weak muscles, stiff joints or your knee giving way.

Yes  Please continue below.

No  Please go to question 31.

**Why do you fall?**


**How often do you fall?**

Tell us roughly how many times you fall or stumble for example, every day, once a week, twice a week, once a month.


**Do you need help to get up after a fall?**

Yes  Tell us why in the box below.

No  Please go to question 31.


## Getting around outdoors (continued)

### Having someone with you when you are outdoors

**31** Do you need someone with you to guide or supervise you when walking outdoors in unfamiliar places?

For example, you may have a mental-health problem (such as agoraphobia), a learning disability, a sight, hearing or speech difficulty, or a physical disability (for example, problems with balance) and need someone with you to make sure you do not put yourself or others in danger. Or you may need help to move around in crowds or traffic, or cross unfamiliar roads.

**Yes**  Please tick the boxes that apply to you.

**No**  Go to question 33.

**Please tell us why you need supervising or guiding outdoors.**

To avoid danger

I may get lost or wander off

I have anxiety or panic attacks

To make sure I am safe

If none of these boxes describes why you need help, tell us in your own words in the box below.

Tell us what problems you would have in unfamiliar places. Tell us what another person could do to help you so that you could walk around in unfamiliar places.


**32** How many days a week do you need someone with you when you are outdoors?

days



# Your care needs during the day

During the day includes the evening. Care needs during the night are covered later.

If you are claiming under special rules, please go to question 55. You do not have to answer any more questions until then.

By care needs we mean help with personal care or someone to supervise you, due to an illness or disability.

'Help with personal care' means day-to-day help with things like:

- washing (or getting into or out of a bath or shower)
- dressing
- eating
- getting to or using the toilet
- telling people what you need, or
- making yourself understood – for example, if you have learning difficulties.

'Supervise' means that you need someone to watch over you to avoid substantial danger to yourself or other people. This could mean:

- when you take medicines or have treatment
- keeping you away from danger that you may not know is there
- avoiding danger you could face because you cannot control the way you behave, or
- stopping you from hurting yourself or other people.

Help means physical help, guidance or encouragement from someone else so you can do the task.

Use the boxes to tell us about the difficulty you have or the help you usually need.

## For example

If you need help to get to and use the toilet four times a day, you would fill in the boxes as shown below.

**I have difficulty or need help:**

- with my toilet needs

**How often?**

**4**

**How long each time?**

**5**

minutes

It is important that you tell us about the difficulty you have or the help you need, whether you get the help or not.

# Help with your care needs during the day

35

Do you usually have difficulty or do you need help getting out of bed in the morning or getting into bed at night?

Yes  Please continue below.

No  Go to question 36.

**I have difficulty or need help:**

- getting into bed
- getting out of bed

**How often?**

**How long each time?**

 minutes minutes

**I have difficulty concentrating or motivating myself and need:**

- encouraging to get out of bed in the morning
- encouraging to go to bed at night

**How often?**

**How long each time?**

 minutes minutes

Is there anything else you want to tell us about the difficulties you have or the help you need getting in or out of bed?

For example, you may go back to bed during the day or stay in bed all day.

Yes  Tell us in the box below.

No  Go to question 36.


# Help with your care needs during the day (continued)

36

**Do you usually have difficulty or do you need help with your toilet needs?**

This means things like getting to the toilet, or using the toilet, commode, bedpan or bottle. It also means using or changing incontinence aids, or a catheter or cleaning yourself.

**Yes**  Please continue below.

**No**  Go to question 37.

**Please tell us what help you need and how often you need this help.**

**I have difficulty or need help:**

**How often?**

**How long each time?**

- with my toilet needs

 minutes

- with my incontinence needs

 minutes

**I have difficulty concentrating or motivating myself and need:**

**How often?**

**How long each time?**

- encouraging with my toilet needs

 minutes

- encouraging with my incontinence needs

 minutes

**Is there anything else you want to tell us about the difficulties you have or the help you need with your toilet needs?**

**Yes**  Tell us in the box below.

**No**  Go to question 37.


# Help with your care needs during the day (continued)

37

**Do you usually have difficulty or do you need help with washing, bathing, showering or looking after your appearance?**

This means things like getting into or out of the bath or shower, checking your appearance or looking after your personal hygiene. Personal hygiene includes things like cleaning your teeth, washing your hair, shaving, or coping with periods.

**Yes**  Please continue below.

**No**  Go to question 38.

**Please tell us what help you need and how often you need this help.**

**I have difficulty or need help:**

**How often?**

**How long each time?**

- looking after my appearance

 minutes

- getting in and out of the bath

 minutes

- washing and drying myself or looking after my personal hygiene

 minutes

- using a shower

 minutes

**I have difficulty concentrating or motivating myself and need:**

**How often?**

**How long each time?**

- encouraging to look after my appearance

 minutes

- encouraging or reminding about washing, bathing, showering, drying or looking after my personal hygiene

 minutes

**Is there anything else you want to tell us about the difficulty you have or the help you need washing, bathing, showering or looking after your appearance or personal hygiene?**

**Yes**  Tell us in the box below.

**No**  Go to question 38.


# Help with your care needs during the day (continued)

38

Do you usually have difficulty or do you need help with dressing or undressing?

Yes  Please continue below.

No  Go to question 39.

Please tell us what help you need and how often you need this help.

**I have difficulty or need help:**

**How often?**

**How long each time?**

- with putting on or fastening clothes or footwear

 minutes

- with taking off clothes or footwear

 minutes

- with choosing the appropriate clothes

 minutes

**I have difficulty concentrating or motivating myself and need:**

**How often?**

**How long each time?**

- encouraging to get dressed or undressed

 minutes

- reminding to change my clothes

 minutes

**Is there anything else you want to tell us about the difficulty you have or the help you need dressing or undressing?**

For example, you may get breathless or feel pain or it may take you a long time.

Yes  Tell us in the box below.

No  Go to question 39.


# Help with your care needs during the day (continued)

39

**Do you usually have difficulty or do you need help with moving around indoors?**

**By indoors we mean anywhere inside, not just the place where you live.**

**Yes**  Please tick the boxes that apply to you.

**No**  Go to question 40.

**I have difficulty or need help:**

- walking around indoors
- going up or down stairs
- getting in or out of a chair
- transferring to and from a wheelchair

**I have difficulty concentrating or motivating myself and need:**

- encouraging or reminding to move around indoors

**Is there anything else you want to tell us about the difficulty you have or the help you need with moving around indoors?**

For example, you may hold on to furniture to get about or it may take you a long time.

**Yes**  Tell us in the box below.

**No**  Go to question 40.


# Help with your care needs during the day (continued)

40

## Do you fall or stumble because of your illnesses or disabilities?

For example, you may fall or stumble because you have weak muscles, stiff joints or your knee gives way, or you may have problems with your sight, or you may faint, feel dizzy, blackout or have a fit.

Yes  Please continue below.      No  Go to question 41.

## What happens when you fall or stumble?

Tell us why you fall or stumble and if you hurt yourself.


## Do you need help to get up after a fall?

Tell us if you have difficulty getting up after a fall and the help you need from someone else.

Yes  Tell us in the box below.      No


## When did you last fall or stumble?

If you don't know the exact date, tell us roughly when this was.

/    /
--------

## How often do you fall or stumble?

Tell us roughly how many times you have fallen or stumbled in the last month or year.

times last month
------------------

times last year
-----------------

# Help with your care needs during the day (continued)

41

**Do you usually have difficulty or do you need help with cutting up food, eating or drinking?**

This means things like getting food or drink into your mouth or identifying food on your plate.

**Yes**  Please continue below.

**No**  Go to question 42.

**I have difficulty or need help:**

- eating or drinking
- cutting up food on my plate

**How often?**

**How long each time?**

 minutes minutes

**I have difficulty concentrating or motivating myself and need:**

- encouraging or reminding to eat or drink

**How often?**

**How long each time?**

 minutes

**Is there anything else you want to tell us about the difficulty you have or the help you need with cutting up food, eating or drinking?**

**Yes**  Tell us in the box below.

**No**  Go to question 42.


# Help with your care needs during the day (continued)

42

**Do you usually have difficulty or do you need help with taking your medicines or with your medical treatment?**

This means things like injections, an inhaler, eye drops, physiotherapy, oxygen therapy, speech therapy, monitoring treatment, coping with side effects, and help from mental-health services. It includes handling medicine and understanding which medicines to take, how much to take and when to take them.

**Yes**  Please continue below.

**No**  Go to question 43.

**Please tell us what help you need and how often you need this help.**

**I have difficulty or need help:**

**How often?**

**How long each time?**

- taking my medicine

 minutes

- with my treatment or therapy

 minutes

**I have difficulty concentrating or motivating myself and need:**

**How often?**

**How long each time?**

- encouraging or reminding to take my medication

 minutes

- encouraging or reminding about my treatment or therapy

 minutes

**Is there anything else you want to tell us about the difficulty you have or the help you need taking your medication or with medical treatment?**

**Yes**  Tell us in the box below.

**No**  Go to question 43.


## Help with your care needs during the day (continued)

43

**Do you usually need help from another person to communicate with other people?**

For example, you may have a mental-health problem, learning disability, sight, hearing or speech difficulty and need help to communicate. Please tell us about difficulties you have even when using normal aids such as glasses or a hearing aid.

**Yes**  Please tick the boxes that apply to you.

**No**  Go to question 44.

**I have difficulty or need help:**

- understanding people I do not know well
- being understood by people who do not know me well
- concentrating or remembering things
- answering or using the phone
- reading letters, filling in forms, replying to mail
- asking for help when I need it

**Is there anything else you want to tell us about the difficulty you have or the help you need from another person to communicate with other people?**

For example, you use BSL (British Sign Language) or ISL (Irish Sign Language).

**Yes**  Tell us about your communication needs in the box below.

**No**  Go to question 44.


44

**How many days a week do you have difficulty or need help with the care needs you have told us about on questions 35 to 43?**

days

## Help with your care needs during the day (continued)

45

**Do you usually need help from another person to actively take part in hobbies, interests, social or religious activities?**

We want to know this because we can consider the help you need or would need to take part in these activities, as well as the other help you need during the day.

**Yes**  Please continue below.      **No**  Go to question 46.

Tell us about the activities and the help you need from another person **at home**.

What you do or would like to do	What help do you need or would you need from another person to do this?	How often would you do this and how long would you need this help each time?
<b>Example</b> Listening to music	I cannot see and need help to find the disc I want and put the disc in the player.	Four or five times a week, one to two minutes each time.

Tell us about the activities and the help you need from another person **when you go out**.

What you do or would like to do	What help do you need or would you need from another person to do this?	How often would you do this and how long would you need this help each time?
<b>Example</b> Swimming	When I get to the swimming pool I need help to get changed, to dry myself and to get in and out of the pool.	Two or three times a week, 30 minutes each time.

If you need some more space to tell us about hobbies, interests, social or religious activities please continue at question 61 **Extra information**.

# Help with your care needs during the day (continued)

## 46 Do you usually need someone to keep an eye on you?

For example, you may have a mental-health problem, a learning disability, or a sight, hearing or speech difficulty, and need supervision.

Yes  Please tick the boxes that apply to you.

No  Go to question 48.

### Please tell us why you need supervision.

- To prevent danger to myself or others.
- I am not aware of common dangers.
- I am at risk of neglecting myself.
- I am at risk of harming myself.
- I may wander.
- To discourage antisocial or aggressive behaviour.
- I may have fits, dizzy spells or blackouts.
- I may get confused.
- I may hear voices or experience thoughts that disrupt my thinking.

How long can you be safely left for at a time?

Is there anything else you want to tell us about the supervision you need from another person?

Yes  Tell us in the box below.

No  Go to question 47.


## 47 How many days a week do you need someone to keep an eye on you?

 days

# Help with your care needs during the day (continued)

48

## Would you have difficulty preparing and cooking a main meal for yourself?

This means planning and preparing a freshly cooked main meal for yourself on a traditional cooker (in other words, not using a microwave oven or convenience foods), assuming you have all the ingredients you need.

**This does not mean reheating ready-made meals or convenience foods.**

**Yes**  Please tick the boxes that apply to you.

**No**  Go to question 49.

- I have difficulty or need help planning a meal, for example measuring amounts, following a logical order of tasks, or knowing when food is cooked properly.
- I lack the motivation to cook.
- I have physical difficulties, for example coping with hot pans, peeling and chopping vegetables, or using taps, switches, knobs, kitchen utensils or can-openers, or carrying, lifting, standing or moving about to perform tasks.
- I would be at risk of injury preparing a cooked main meal for myself.

**How many days a week would you need this help?**

days

**Is there anything else you want to tell us about the difficulty you would have planning, preparing and cooking a main meal?**

**Yes**  Tell us in the box below.

**No**  Go to question 49.


# Help with your care needs during the night

By night we mean when the household has closed down at the end of the day.

## 49 Do you usually have difficulty or need help during the night?

This means things like settling, getting into position to sleep, being propped up or getting your bedclothes back on the bed if they fall off, getting to the toilet, using the toilet, using a commode, bedpan or bottle, getting to and taking the tablets or medicines prescribed for you and any treatment or therapy.

Yes  Please continue below.      No  Go to question 51.

**Please tell us what help you need, how often and how long each time you need this help for.**

### I have difficulty or need help:

- turning over or changing position in bed
- sleeping comfortably
- with my toilet needs
- with my incontinence needs
- taking medication
- with treatment or therapy

### How often?

### How long each time?

 minutes minutes minutes minutes minutes minutes

### I have difficulty concentrating or motivating myself and need:

- encouraging or reminding about my toilet or incontinence needs
- encouraging or reminding about medication or medical treatment

### How often?

### How long each time?

 minutes minutes

**Is there anything else you want to tell us about the difficulty you have or the help you need during the night?**

Yes  Tell us in the box below.      No  Go to question 50.


## 50 How many nights a week do you have difficulty or need help with your care needs?

 nights

# Help with your care needs during the night (continued)

## 51 Do you usually need someone to watch over you?

For example, you may have a mental-health problem, learning disability, sight, hearing or speech difficulty and need another person to be awake to watch over you.

Yes  Please tick the boxes that apply to you.

No  Go to question 53.

Please tell us why you need watching over.

- To prevent danger to myself or others.
- I am not aware of common dangers.
- I am at risk of harming myself.
- I may wander.
- To discourage antisocial or aggressive behaviour.
- I may get confused.
- I may hear voices or experience thoughts that disrupt my thinking.

How many times a night does another person need to be awake to watch over you?

How long on average does another person need to be awake to watch over you at night?

 minutes

Is there anything else you want to tell us about why you need someone to watch over you?

Yes  Tell us in the box below.

No  Go to question 52.


## 52 How many nights a week do you need someone to watch over you?

 nights



# About time spent in hospital, a care home or a similar place

## 55 Are you in hospital, a care home or similar place now?

For example, a residential care home, nursing home, hospice, boarding school, residential college, school or similar place.



For more information please read page 10 of the **notes**.

Yes  Tell us when you went in.

No  Go to question 56.

	/		/	
--	---	--	---	--

Please tell us the full name and address of the place you are staying.

Postcode							

If you are in hospital, why did you go into hospital?

--

Does a Health and Social Care Trust or a government department pay any costs for you to live there?

Yes  If 'Yes', which Health and Social Care Trust or government department pays?

No  Go to question 56.

--

## About time spent in hospital, a care home or a similar place (continued)

**56** Have you come out of hospital, a care home or similar place in the past six weeks?

Yes  Tell us when you went in.

No  Go to question 57.

/ /

Tell us when you came out.

/ /

Please tell us the full name and address of the place where you were staying.

Postcode									

If you have been in hospital, why did you go into hospital?

**57** Have you been in hospital in the past two years?

Yes  Please continue below.

No  Go to question 58.

Why did you have to go into hospital?

## About other benefits

**58** About other benefits you are getting or waiting to hear about

Please tick the relevant boxes if you are getting or waiting to hear about any of the following benefits.

War Pensions Constant Attendance Allowance

Industrial Injuries Disablement Benefit Constant Attendance Allowance

War Pensions Mobility Supplement

# How we pay you

**i** Please read pages 11 and 12 of the **notes** before you fill in this page.

Please tell us the account details below.

It is very important you fill in all the boxes correctly, including the building society roll or reference number, if you have one. If you tell us the wrong account details your payment may be delayed or you may lose money.

59

## Name of account holder

Please write the name of the account holder exactly as it is shown on the chequebook or statement.

## Full name of bank or building society

## Sort code

Please tell us all six numbers for example, 12-34-56

--	--	--	--	--	--

## Account number

Most account numbers are eight numbers long. If your account number has fewer than 10 numbers, please fill in the numbers from the left.

--	--	--	--	--	--	--	--	--	--

## Building society roll or reference number

If you are using a building society account you may need to tell us a roll or reference number. This may be made up of letters and numbers, and may be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

You may get other benefits and entitlements we do not pay into an account. If you want us to pay them into the account above, please tick this box.

# Statement from someone who knows you

**60** Please note that this page does not have to be filled in.

If you do want this statement to be filled in, the best person to do it is the one who is most involved with your treatment or care. This may be someone you have already told us about on the form.

If you are signing the form on behalf of the disabled person, please get someone else to fill in this section.

**How often do you see the person this form is about?**

**Please tell us what their illnesses and disabilities are, and how they are affected by them.**


**Tell us your job, profession or relationship to the person this form is about.**

**Your full name**

**Your address**

Postcode									

**Daytime phone number,**  
where we can contact you or  
leave a message

**Your signature**

**Date**



# Declaration

62

We cannot pay any benefit until you have signed the declaration and returned the form to us. Please return the signed form straight away.

**I declare** that the information I have given on this form is correct and complete as far as I know and believe.

**I understand** that if I knowingly give false information, I may be liable to prosecution or other action.

**I understand** that I must promptly tell the office that pays my Disability Living Allowance of anything that may affect my entitlement to, or the amount of, that benefit.

**I understand** that the Department for Social Development may use the information which it has now or may get in the future to decide whether I am entitled to:

- the benefit I am claiming
- any other benefit I have claimed
- any other benefit I may claim in the future.

**This is my claim for Disability Living Allowance.**

**Signature**

**Date**

**Print your name here**



For information about how we collect and use information, see page 12 of the **notes**.

## What to do now

Check that you have filled in all the questions that apply to you or the person you are claiming for.

Make sure you have signed the **consent** question 17 and the **declaration** question 62.

**Please list all the documents you are sending with this claim form below.**

For example, a prescription list, a certificate of vision impairment, a medical report or a care plan.


Send the claim form and any reports, if you have them, back to us in the envelope we have sent you. It does not need a stamp.



For help and advice about other benefits, see page 13 of the **notes**.

## What happens next



For information about what happens next, see page 14 of the **notes**.



